

EXHIBIT E

JTVCC James T. Vaughn Correctional Center
 Smyrna Landing Road
 SMYRNA DE, 19977
 Phone No. 302-653-9261

Date: 07/16/2008

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : DAVIS, WILLIAM F 3	SBI# : 00162762	Institution : JTVCC
Grievance # : 159078	Grievance Date : 05/12/2008	Category : Individual
Status : Resolved	Resolution Status : Level 2	Resol. Date : 07/16/2008
Grievance Type: Health Issue (Medical)	Incident Date : 05/12/2008	Incident Time : 12:00
IGC : Merson, Lise M	Housing Location : Bldg T2, Cell 1, Bed 47	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate Claims: I was told that a treatment plan would be work out by Jean Long who was the supervisory over seer when I had a hernia in Gander Hill Prison May 22, 02. i am having abdominal pain again. i want all copies my medical grievances when I was at Gander Hill Prison in Wilm. Del. starting April 01,02 to Sept 30, 02. I want to know if I had all of my grievance hearing.

Remedy Requested : Inmate Action Requested: Where is my treatment plan by Jean Long for my hernia.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 05/21/2008
Investigation Sent : 05/21/2008	Investigation Sent To : Moore, Ronnie
Grievance Amount :	

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INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

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INFORMAL RESOLUTION

Investigator Name : Moore, Ronnie Date of Report 05/21/2008

Investigation Report : 6/7/08-Im request grievances from 2002 while incarcerated at Gander Hill; refused to sign off; IM request next level

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

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GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

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IGC**Medical Provider:****Date Assigned****Comments:**☒ Forward to MGC☐ Forward to Medical Provider☐ Warden Notified☐ Forward to RGC**Date Forwarded to MGC :**☒ Offender Signature Captured**Date Offender Signed :** 07/16/2008

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GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

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Status : Resolved	Resolution Status: Level 2	Inmate Status :
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IGC : Merson, Lise M	Housing Location : Bldg T2, Cell 1, Bed 47	

MGC**Date Received :** 06/24/2008**Date of Recommendation:** 07/16/2008**GRIEVANCE COMMITTEE MEMBERS**

Person Type	SBI #	Name	Vote
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VOTE COUNT**Uphold :****Deny :****Abstain :****TIE BREAKER**

Person Type	SBI #	Name	Vote
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RECOMMENDATION

Hearing held 7/16/08; Inmate signed off as resolved.

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STATE OF DELAWARE
DEPARTMENT OF CORRECTIONCLASS I X CLASS II _____

DISCIPLINARY REPORT

DR #: 02-0641

INMATE NAME: Davis, William INST #: 162762 HOUSING UNIT: 22-08
 PLACE OF INCIDENT: 22-Pod DATE: 08.02.02 TIME: APPROX 10/8
 VIOLATION(S): 1.06 Disorderly or Threatening 2.05 disrespect. 2.06 Failure To
Obey an order 2.11 off limits

WITNESSES: 1. Schaffer, T. 2. _____ 3. _____

DESCRIPTION OF ALLEGED VIOLATION(S): Inmate Davis, William Spoke with
Corporal McMillian about seeing the doctor. Cpl. McMillian told
Mr. Davis name and said he will go speak with someone in medical. Five
minutes after the Corporal left 22-Pod Mr. Davis became irate
demanding for C/Schaffer to call a CODE 4 because he need to see
the doctor Mr Davis started yelling yall Motherfuckers don't give a
fuck I have to die in this motherfucker Mr. Davis than reach
on the panel grab the papers and envelopes and throw them on
the Pod. A direct Order was given to lock-in Mr. Davis continue
pacing in front of the C/S desk. Called Secondary to Notify them
of the situation a CODE 6 was called.

I was in a lot of pain
because of my Hernia Staff put me in
Solitary Confinement is for punishment

C/Schaffer, T.
 REPORTING STAFF'S SIGNATURE

DISPOSITION OF INMATE: ☒ PRE-HEARING DETENTION () CURRENT STATUSREASON: Threat To Staff & SecurityDATE: 8-2-02 TIME: 1330 CELL SECURED ☒ YES () NO

DISPOSITION OF EVIDENCE: _____

X [Signature]
 WATCH COMMANDER'S SIGNATURE

I have received a copy of this notice on DATE: _____ TIME: _____, and have been informed of my rights to have a hearing and be present at the hearing and present evidence on my own behalf.

I understand, if found guilty, I will be subject to imposition of sanctions outlined in the Rules of Conduct.

[Signature]
 REVIEWER

X [Signature]
 INMATE'S SIGNATURE